PTC/S8/06 (08-03)

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Substitute for Form PTO-875								$\perp \mathcal{L}$	1780	746
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY								OR	OTHER THAN SMALL ENTITY	
	FOR	94.040	NUMBER FILED NUMBER		REXTRA	RATE	PEE	ľ	RATE	FEE
	IC FEE CFR 1,15(a))	1	TOTAL			75.75	1	OR		١
P1	AL CLAIMS CFR 1.16(d)		minus 20 • •			× •		OR	x 5 *	
	EPENDENT CLAR CFR 1.16(b))	AŞ"	rdnus 3 • •			<u> </u>	 	OR	×4	
MUR	TIPLE DEPENDE	NT CLAIM PRESEN	n e	17 CFR 1.16(d))	<u> •••</u>		OR	<u> </u>		
" If the difference in column 1 is less than zero, enter "O" in column 2.						TOTAL	L	OR	TOTAL	
CLAIMS AS AMENDED - PART (I								•		
	(Column 1) (Column 2) (C			(Calumn 3)	SMALL	ENTITY	OR		R THAN ENTITY	
ENTA	2/2/6	-CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NAMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
)MC	Total (27 GFR 1.14(d)	21	Minus	-09	: //:	× 1		OR	x s	
ENOM	tridependent p7 CPR 1.15(8)	• 4	Minus	-4		×4•	_	OR	X1	
AM	FIRST PRESENT	ATION OF MULTIPLE	E CEPEND	ENT CLAMA (37 CF	(10pd),1 R	+1		OR	+5	
2/1						TOTAL ADD'L FEE		OR	ADO'L FEE	
(Column 2) (Column 3)								•		
B TN		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		PATE	ADDI- TICNAL FEE
MENDMENT	Total promises	· 22	Minus	-22	·	× 3		OR	x	
	independent (37 oFR 1.180%	٠ ٧	Minus	- 4	•	x 5=		OR	x	
AN	PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(4))					TOTAL	$\perp \lambda$	OR	+30	\
21	110100							OR	ADOL FEE	
) [15/07	(Column 1)		(Column 2)			,`		\	
ENTC	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total pa of R 1.14(3)	· 20	Minus	. <i>O</i>	0	x so		OR	X \$c	
W	Independent (37 CFR 1.1603)	. 03	Minus	··· 4	•	х э•	1./	OR	x s=	
A	FIRST PRESENTATION OF MILITIPLE DEPENDENT CLAIM (37 CFR 1.16(4))					+ 6	1	OR	+,	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" (M THIS SPACE is less than 2, enter "20". "If the "Highest Number Previously Paid For" (M THIS SPACE is less than 3, enter "3".										

"If the Trightest Number Previously Peid For' (I Trids SPACE is less than 3, exter"3".

The Trightest Number Previously Peid For' (Total or Independent) is the highest number lound in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fite (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gentraring, preparing, and submitting the completed application form to the USPTO. Three will very depending upon the individual case. Any comments on the amount of time you require to complete this form endor suggestions for reducing this burden, should be sand to the Chief Information Officer, U.S. Patent and Tradsmaft Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.